

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>10-24-03</u>		2 Serial/Patent # <u>09/583,263</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	16	9-26-03	\$ 130							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 130							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	<input type="checkbox"/> Treasury Check									
	Duplicate Payment	<input checked="" type="checkbox"/> Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">2</td> <td style="width: 20px;">5</td> </tr> </table>			0	6	--	2	4	2	5
0	6	--	2	4	2	5					
<u>Petition withdrawn prior to consideration of merits (2 petitions and only 1 was withdrawn)</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Steve Brantley</u>		TITLE: <u>Petitions Att.</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-5683</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>10/29/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**

# BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

### CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)	
FOR	NUMBER FILED	NUMBER EXTRA	
BASIC FEE			
TOTAL CLAIMS	21	minus 20 = *	1
INDEPENDENT CLAIMS	5	minus 3 = *	2
MULTIPLE DEPENDENT CLAIM PRESENT			

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	18
X39=		OR	X78=	156
+130=		OR	+260=	
TOTAL		OR	TOTAL	864

\* If the difference in column 1 is less than zero, enter "0" in column 2

### CLAIMS AS AMENDED - PART II

17

	(Column 1)	(Column 2)	(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	21	Minus	21	=	0
Independent	5	Minus	5	=	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	23	Minus	22	=	1
Independent	7	Minus	4	=	3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	18
X39=		OR	X78=	86
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.